

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | RR | 10029 | 11/30/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---------------------------|------------|---------|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| | Restricted | O | Objected |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | 0 | 32601 | |
| 2 | 0 | 61203 | |
| 3 | 0 | 8404 | |
| 4 | 0 | 7814 | |
| 5 | 0 | | |
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| Claim | | Date | | | | | | |
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| Final | Original | | | | | | |
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**If more than 150 claims or 10 actions
staple additional sheet here**